

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
 290 Broadway-21st Floor
 New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification
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I. TYPE OF NOTIFICATION (O = Original / R = Revised) : **Original**

II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER: Verizon

Address: 355 forest Avenue

City: Staten Island	State: NY	ZIP: 10301
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Contact: Lufus Owusu	Tel: 718 656-4009
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REMOVAL CONTRACTOR: JVN Restoration Inc.

Address: 47 Foster Road

City: Staten Island	State: New York	ZIP: 10309
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Contact: Ignatius Marraccino	Tel: 718-605-6256
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Address:

OTHER OPERATOR:

Contact:	Tel:
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III. TYPE OF OPERATION (D = Demolition / R = Renovation) : **R / Asbestos Removal Only**

IV. IS ASBESTOS PRESENT? (Yes/No): Yes

V FACILITY DESCRIPTION (include building name, number and floor or room number):

Building: Verizon

Address: 355 Forest Avenue

Address:

City: Staten Island	State: New York	County: Richmond
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Site Location: Basement

Building Size	Sq Meter:	Sq Ft: 20,000	# of Floors:	Age in Years 50+
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Present Use: Other	Prior Use: Other
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VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Bulk/PLM (AHERA)

VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:

	Friable Asbestos Material to be removed to be removed Category II	Non-Friable Asbestos Material to be removed Category I
PIPES - Linear Feet	250 LF	
PIPES- Linear Meters		
Surface Area - Square Feet / Linear Feet	900 SF	
Surface Area - Square Meters		
Volume RACM off Facility Component - Cubic Feet		
Volume RACM off Facility Component - Cubic Meters		

XVIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 04/18/2016 Completion: 12/18/2016

X. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: Completion:

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
N/A

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:
Negative air machines under HEPA filtration system. Wet Methods.

XII. WASTE TRANSPORTER #1

Name: Vandan Disposal, Inc.

Address: 1009 Glen Clove Avenue

City: Glen Head

State: New York

ZIP: 11545

Contact Person:

Telephone:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

ZIP:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: Minerva Enterprises Inc.

Address: 8955 Minerva Rd. SE

City: Waynesburg

State: OH

ZIP: 44688

Telephone: 330-866-3435

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name: N/A

Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY) :

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) .

 Ignatius Marraccino
Signature of Owner/Operator Project Manager

04/06/2016

Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

 Ignatius Marraccino
Signature of Owner/Operator Project Manager

04/05/2016

Date